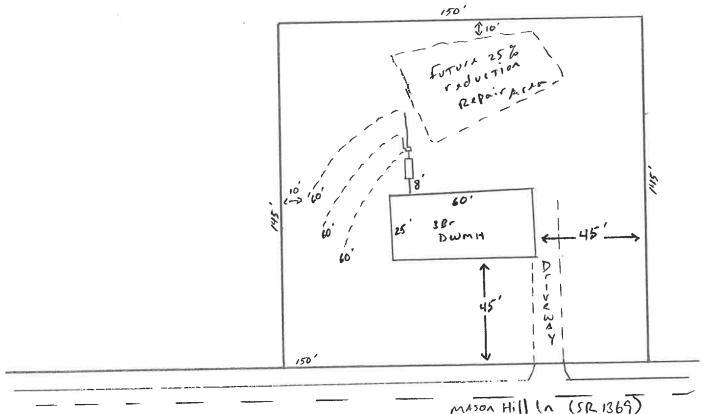
Harnett County Department of Public Health

Improvement Permit

A building permit cannot be issued with only an Improvement Permit PROPERTY LOCATION: 459 Mason Hill Ln, Lillington (SR 1369) __ subdivision Mason Hill ISSUED TO: Clayton Homes of Sanford Site Improvements required prior to Construction Authorization Issuance: REPAIR 🗌 EXPANSION 🔲 Type of Structure: 25 x 60 DWMH Proposed Wastewater System Type: 25% reduction Projected Daily Flow: 360 _____ GPD Number of Occupants: 6 max Number of bedrooms: 3_ Basement Yes ⊠ No May be required based on final location and elevations of facilities Pump Required: Yes ☐ No Type of Water Supply: Community Public Well Distance from well _______feet **X** Five years Permit valid for: No expiration Permit conditions: Date: 12-16-2020 Authorized State Agent:: REHS The issuance of this permit by the Health Department in no way guarantees the issuance of other permits. The permit holder is responsible for checking with appropriate governing bodies in meeting their requirements. This site is subject to revocation if the site plan, plat, or the intended use changes. The Improvement Permit shall not be affected by a change in ownership of the site. This permit is subject to compliance with the provisions of the Laws and Rules for Sewage Treatment and Disposal and to conditions of this permit. Construction Authorization (Required for Building Permit) The construction and installation requirements of Rules .1950, .1952, .1954, .1955, .1956, .1957, .1958. and .1959 are incorporated by references into this permit and shall be met. Systems shall be installed in accordance with the attached system layout. PROPERTY LOCATION: 459 Mason Hill Ln, Lillington (SR 1369) ISSUED TO: Clayton Homes of Sanford SUBDIVISION Mason Hill Repair Facility Type: 25 x 60 DWMH Expansion **⋈** New Basement Fixtures? Yes ⊠ No Basement? Yes (Initial) Wastewater Flow: 360 GPD 25% reduction Type of Wastewater System** (See note below, if applicable) 25% reduction Number of trenches 3 Installation Requirements/Conditions Trench Spacing: 9 Feet on Center Exact length of each trench 60 Septic Tank Size 1000 gallons Soil Cover: 6_____inches Trenches shall be installed on contour at a Pump Tank Size _____ (Maximum soil cover shall not exceed Maximum Trench Depth of: 18-26 (Trench bottoms shall be level to +/-1/4" 36" above the trench bottom) in all directions) _ inches below pipe Pump Requirements: _____ft. TDH vs. ____ Aggregate Depth: inches above pipe Conditions: If converting to a 1 line system, a french drain will be required inches total upslope of the drain line WATER LINES (INCLUDING IRRIGATION) MUST BE 10FT. FROM ANY PART OF SEPTIC SYSTEM OR REPAIR AREA. NO UTILITIES ALLOWED IN INITIAL OR REPAIR DRAIN FIELD AREA. **If applicable: I understand the system type specified is different from the type specified on the application. I accept the specifications of this permit. Owner/Legal Representative Signature: This Construction Authorization is subject to revocation if the site plan, plat, or the intended use changes. The Construction Authorization shall not be transferred when there is a change in ownership of the site. This SEE ATTACHED SITE SKETCH Construction Authorization is subject to compliance with the provisions of the Laws and Rules for Sewage Treatment and Disposal and to the conditions of this permit. Date: 12-16-2020 Authorized State Agent: ____ Construction Authorization Expiration Date: 12-16-, 20 25

Harnett County Department of Public Health Site Sketch

Property Location: 459 Mason Hill Ln, Lillington (SR1369)			
Issued To: Clayton Homes of Sar	ford Subdivision Mason Hil	lLot	#
Authorized State Agent:	Mach Oh REHS	Date: 12-16-2020	



This drawing is for illustrative purposes only. System installation must meet all pertinent laws, rules, and regulations.